

Nottingham City Substance Misuse Treatment System Consultation - Stage One



Nottingham City Council and Nottingham Crime & Drugs Partnership are looking to redesign and recommission the local substance misuse treatment system. The vision for the new model is a treatment system that delivers the best possible quality and standards of care, maximising numbers achieving a substance free lifestyle and recovery from substance misuse.

We are looking to consult with a wide range of service users, professionals and the public to inform the design of a new model for the substance misuse treatment system. There will be two stages of consultation via questionnaire, both aiming to reach as wide an audience as possible:

Stage One: 1 June to 26 June (To gain feedback on six potential models)

Stage Two: September 2015 (To gain feedback on the final model)

The consultation is open to services users, service managers and staff, partner stakeholders, voluntary sector services, family and carers and the general public.

For further information on the background to this consultation and a glossary of terms used in the questionnaire please ring 0115 876 5656 or email cdp@nottinghamcity.gov.uk

The easiest way to complete the questionnaire is online and it can be accessed at www.nottinghamcity.gov.uk/substancemisusestageonehys

How to complete the questionnaire

It is likely that some of the questions may not be relevant or of interest to you. If there are some questions you don't want to answer, you can leave them blank. You can complete as much or as little of the questionnaire as you like.

Your response to this questionnaire is completely anonymous and we won't share your returned questionnaire with anyone. Any information from questionnaires used in reports or documents will be anonymised and will not be identifiable to any individual.

Please respond from your experience, whether that is as a service user of current services, a worker within treatment services, someone who has referred people into treatment, or as someone else (for example a family member).

Are you responding as..

- a service user
- a person affected by someone else's substance use (e.g. a parent, partner, other family member, friend)
- a substance misuse treatment worker or manager
- a worker in another type of service
- a partner agency / stakeholder
- a member of the public
- a group or on behalf of a group
- Other

Other, please state

If you are responding on behalf of a service/agency/group, please state the name of the service/agency/group

Access to services

In general, how easy / difficult is it to **find out about** the correct substance misuse service for the first time in Nottingham?

- Very easy Fairly easy Fairly difficult Very difficult Don't know

Please explain your answer

In general, how easy / difficult is it **to access (or refer someone into)** the correct substance misuse service for the first time in Nottingham?

- Very easy Fairly easy Fairly difficult Very difficult Don't know

Please explain your answer

What do you think might prevent people from accessing substance misuse treatment services?
TICK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Work | <input type="checkbox"/> Fear |
| <input type="checkbox"/> Children or childcare | <input type="checkbox"/> Stigma |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Lack of information |
| <input type="checkbox"/> Location of services | <input type="checkbox"/> Don't know where to go |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Lack of anonymity (perceived or real) |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> I don't know / not sure |

Other, please state

Although recognised as having a need for treatment, some groups of individuals appear to be under represented in treatment services. What do you think we can do to support equal access across all communities?

In general, where do you think people might prefer to access substance misuse services?

- In neighbourhoods In the City Centre I don't know / not sure

Other, please state

Alcohol

In Nottingham around 12% of the estimated number of people who might benefit from alcohol treatment actually access structured treatment.

What do you think might prevent alcohol users from accessing treatment?

TICK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Fear | <input type="checkbox"/> Physical health |
| <input type="checkbox"/> Stigma | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> They don't feel they have a problem | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> They don't think there is any support available | <input type="checkbox"/> Location of services |
| <input type="checkbox"/> Work | <input type="checkbox"/> Lack of anonymity (perceived or real) |
| <input type="checkbox"/> Children or childcare | <input type="checkbox"/> I don't know / not sure |

Other, please state

How do you think we could increase the numbers of alcohol users in treatment?

Young People

In Nottingham young people's treatment services currently work with people up to the age of 18.

Do you agree / disagree with this age limit?

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> I don't know / not sure |

Please explain your answer

If you think that 18 is not the appropriate upper age limit, what do you feel would be an appropriate age limit?

- 19 20 21 22 23 24

Other, please state

Please explain your answer

Where would substance misuse services for young people be best placed?

TICK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> School or college | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> GP Practice | <input type="checkbox"/> Community group |
| <input type="checkbox"/> Children's centre | <input type="checkbox"/> I don't know / not sure |
| <input type="checkbox"/> Youth centre or other youth service | |

Other, please state

Primary Care

Currently in Nottingham there is some substance misuse support available within Primary Care (GP Practices). This includes GP practices offering brief advice for alcohol use, and some GP practices providing prescribing-based drug treatment for opiate (heroin) users.

Which substance misuse service users could be supported in Primary Care (GP Practices)?

TICK ALL THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> Alcohol users | <input type="checkbox"/> Substance users who are stable |
| <input type="checkbox"/> Illicit drug users | <input type="checkbox"/> Substance users with complex needs |
| <input type="checkbox"/> People addicted to medicines | <input type="checkbox"/> I don't know / not sure |

Other, please specify

What level of substance misuse support do you think **should** be available in Primary Care (GP Practices)?

- No support or treatment should be available in Primary Care
- Only referral into other substance misuse services should be available in Primary Care
- Substance misuse support and treatment should be available in Primary Care
- I don't know / not sure

If you answered that 'substance misuse support and treatment **should** be available in Primary Care', what sort of support and treatment do you think should be available in Primary Care (GP Practices?) TICK ALL THAT APPLY

- Brief advice
- Testing and vaccination for Blood Bourne Viruses
- Needle exchange
- Prescribing-based substance misuse treatment
- Psychosocial-based substance misuse treatment
- I don't know / not sure

Other, please specify

What do you think are the benefits of having substance misuse support or treatment in Primary Care (GP Practices)? TICK ALL THAT APPLY

- The anonymity of accessing treatment in a Primary Care setting
- Accessible locations across the city
- Access to general healthcare
- Childcare (can take children to appointments)
- GP-lead treatment
- Reduced stigma
- Opening times
- I don't know / not sure

Other, please specify

Who should provide substance misuse support or treatment in Primary Care (GP Practices)? TICK ALL THAT APPLY

- GP
- Nurse
- I don't know / not sure
- Drug Worker
- Non-medical prescriber

Other, please specify

Family Support

Substance misuse affects not only the substance users themselves, but also other people involved with that individual. For example this might be family members, friends, or carers of substance misusers. Specialist support can help those affected by someone else's substance misuse. Family and significant others also have a role to play in supporting substance misusers in their treatment and recovery.

In Nottingham currently there is a separate standalone service providing support for families affected by substance misuse.

Do you agree / disagree that family support should be provided by a separate standalone service?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

Draft Treatment System Models

The remainder of this survey presents SIX different potential treatment system models and asks for your feedback on the key features of each model. The key features for discussion in each model are highlighted in red boxes.

The final model that is developed could be a combination of features from different models.

Models 1 - 4

Models 1 to 4 are broadly similar with 'core' services providing access and engagement and the full range of treatment interventions for their specific client group. Most service users would remain in one service throughout their treatment journey, with referral only usually being made for those requiring inpatient treatment or residential rehab.

These 'core' services would provide the full range of support and treatment services required for their individual client group.

These 'core' services would be responsible for:

- a) Providing an access point and proactive engagement into treatment for their specific client group, including building and maintaining referral pathways with other services
- b) Providing brief and extended advice and information and brief psychosocial interventions for those not requiring or ready for structured treatment
- c) Providing the full range of structured treatment interventions to meet the needs of their client group, including those with complex needs
- d) Providing recovery coordination to address clients wider non-treatment needs (e.g. housing, education and employment, physical & mental health) either 'in house' or through referral into other services
- e) Referral into specialist provision such as crisis support, inpatient treatment and residential rehab

Models 1 to 4 give different options for the alignment of those 'core' services.

Models 1 to 4 also include:

A separate 'aftercare' service would be available for service users who have completed treatment and who are no longer using substances (abstinent). This service would provide ongoing recovery coordination focused on wider non-treatment needs, relapse prevention, and long term follow up for service users exiting the treatment system.

A separate 'specialist harm reduction service' which would provide a range of high quality harm reduction interventions focused on reducing health harms. 'Core' services would still be required to deliver harm reduction advice, information and interventions to their client group. This service would provide:

- a) Specialist needle exchange
- b) Sexual health services
- c) Coordinated health promotion activities on behalf of the treatment system
- d) Blood Borne Virus testing and vaccination
- e) Overdose prevention training and provision of take home naloxone
- e) Engagement with service users in pubs and clubs
- f) Potentially the provision of community based hepatitis C treatment for substance users could be based within this service

A separate 'family support' service would provide support to adults and children and young people who are affected by the substance use of another person.

A separate 'hospital liaison' service would be responsible for supporting substance misusers who attend hospital into appropriate substance misuse treatment services.

Draft: Model 1

The key feature of Model 1 is the four separate 'core' services for drugs, alcohol, young people and criminal justice.

Do you agree / disagree with having four separate 'core' services for drugs, alcohol, young people and criminal justice?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

What do you feel would be the benefits of **Model 1**?

What do you feel would be the disadvantages of **Model 1**?

Do you have any other comments on **Model 1**?

Draft: Model 2

The key feature of Model 2 is the alignment of community adult drug and alcohol treatment into a single combined 'core' service.

The young people's specialist substance misuse service and the criminal justice treatment service are both retained as separate services.

All other elements of this model remain the same as model 1.

The questions in this section focus on the alignment of drug and alcohol treatment services into a single combined service.

Do you agree / disagree with the alignment of drug and alcohol services?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

What do you feel would be the benefits of **Model 2**?

What do you feel would be the disadvantages of **Model 2**?

Do you have any other comments on **Model 2**?

Draft: Model 3

The key feature of Model 3 is the alignment of community adult drug and alcohol treatment and criminal justice treatment into a single combined 'core' service (i.e. non-criminal justice substance misuse treatment and criminal justice substance misuse treatment combined into one service).

Criminal justice treatment refers to the substance misuse treatment for people whose offending is linked to their substance use and who are currently in the criminal justice system. These people are normally identified through the criminal justice system (e.g. at the custody suite, court or prison).

Young people's treatment is kept in a separate service.

All other elements of this model remain the same as Model 1.

The questions in this section focus on the alignment of non-criminal justice treatment with criminal justice treatment.

Do you agree / disagree with the alignment of community substance misuse treatment to include criminal justice treatment?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

What do you feel would be the benefits of **Model 3**?

What do you feel would be the disadvantages of **Model 3**?

Do you have any other comments on **Model 3**?

Draft: Model 4

The key feature of Model 4 is the alignment of community adult drug and alcohol treatment, criminal justice treatment and young people's services into a single 'core' service.

All other elements of this model remain the same as Model 1.

In Nottingham only a small number of individuals transfer from young people's specialist substance misuse treatment into adult's substance misuse treatment.

The questions in this section focus on the alignment of adult and young people's substance misuse services.

Do you agree / disagree with the alignment of adults and young people's substance misuse services specifically with adults criminal justice treatment services?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

Do you agree / disagree with the alignment of young people's substance misuse services with **adults criminal justice services**?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

Do you agree / disagree with the statement that the alignment/combining of young people's and adult services would improve transition between young people's and adults services?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

What do you feel would be the benefits of **Model 4**?

What do you feel would be the disadvantages of **Model 4**?

Do you have any other comments on **Model 4**?

Draft: Model 5

The key feature of Model 5 is the removal of a separate aftercare function.

Instead the 'core' services will provide recovery coordination for service users throughout their treatment journey and this will include any 'aftercare' provision required after completion of treatment. They will provide long term follow up for service users after they have left treatment and ensure relapse prevention plans are in place.

The questions in this section focus on aftercare provision

Do you agree / disagree with the integration of aftercare provision within the 'core' services?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

Do you agree / disagree with services for abstinent and non-abstinent service users being co-located?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

What do you feel would be the benefits of **Model 5**?

What do you feel would be the disadvantages of **Model 5**?

Do you have any other comments on **Model 5**?

Draft: Model 6

It is important to ensure treatment services are easy to access so that anyone experiencing problems with substance use is able to get the right support at the right time.

Some people find out about treatment services themselves or through word of mouth. Other people will ask another service or professional for help (for example a GP, social worker, community worker, or criminal justice worker) and that service will need to know where and how to refer them.

The key feature of Model 6 is the separate 'single point of contact service'.

This specialist function would:

- a) Provide a single access point to treatment, assess the full range of service users' needs and then identify and refer people into appropriate treatment packages
- b) Be responsible for building and maintaining good referral pathways into treatment from other services (e.g. primary care, hospital, social services, criminal justice services, education providers etc.) and have a proactive role to play in engaging new users into the treatment system
- c) Provide some outreach functions, including work within the Night Time Economy (pubs and clubs)
- d) Provide brief and extended brief advice for individuals not requiring further treatment interventions

The 'single point of contact service' would refer service users into appropriate treatment interventions. These treatment interventions could be provided by a single service or by a range of smaller services.

The 'single point of contact service' could potentially manage referrals into specialist provision such as crisis support, inpatient treatment and residential rehab.

Brief interventions (consisting of not more than 8 sessions) could potentially be provided by the 'single point of contact service'.

Questions in this section focus on the 'single point of contact service'.

Do you agree / disagree with having a separate single point of contact service?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

What do you think would be the benefits of a single point of contact service?

What do think would be the disadvantages of a single point of contact service?

To what extent do you agree / disagree that a separate single point of contact service would improve referrals and access to treatment?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I don't know / not sure

Please explain your answer

Do you have any other comments on **Model 6**?

Please use this box for any general comments you have about substance misuse treatment in Nottingham. Do you think that we need to consider anything else when putting together the final model?

If you would like to be involved in future consultation activities please provide your contact details.

Name

Email address

Postal address

Only complete the following questions if you **are not** responding on behalf of a service/agency/group

We are committed to treating people fairly. So that we can monitor that what we are providing is meeting people's needs and is fair and effective, we would be grateful if you could answer the following questions about yourself.

Please be assured the information you give will only be used for the stated purpose and will remain strictly confidential.

Please tick the statement which best describes you.

I am:

- Male Female Prefer not to say

Please tick the statement which best describes you.

I am:

- Under 16 35 to 44 65 to 74
 16 to 24 45 to 54 75+
 25 to 34 55 to 64 Prefer not to say

Do you have a long term health problem or disability?

- Yes No Prefer not to say

Please specify the type of health problem or disability

- Mobility Learning Prefer not to say
 Hearing Mental Health Other
 Vision Communication

Please state

Please tick the statement which best describes you.

I am:

- Heterosexual or Straight Gay man Other
 Gay woman/Lesbian Bisexual Prefer not to say

What is your religion or belief, even if you are not currently practicing?

I am:

- No religion or belief
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not say
- Any other religion or belief

Please state

Please tick the statement which best describes you.

I am:

- | | |
|--|--|
| <input type="checkbox"/> White - English, Welsh, Scottish, Northern Irish, British | <input type="checkbox"/> Asian - Pakistani |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian - Bangladeshi |
| <input type="checkbox"/> White - Gypsy Traveller | <input type="checkbox"/> Asian - Kashmiri |
| <input type="checkbox"/> White - Other | <input type="checkbox"/> Asian - Chinese |
| <input type="checkbox"/> Mixed - White & Black Caribbean | <input type="checkbox"/> Asian - Other |
| <input type="checkbox"/> Mixed - White & Black African | <input type="checkbox"/> Black - African |
| <input type="checkbox"/> Mixed - White & Asian | <input type="checkbox"/> Black - Caribbean |
| <input type="checkbox"/> Mixed - Other | <input type="checkbox"/> Black - Other |
| <input type="checkbox"/> Asian - Indian | <input type="checkbox"/> Arab |
| | <input type="checkbox"/> Other |

Please state

Thank you for taking the time to complete this survey.

For further information about this consultation or substance misuse services in Nottingham please contact Nottingham Crime and Drugs Partnership 0115 876 5656 or email cdp@nottinghamcity.gov.uk